

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

June 5, 2025

[REDACTED]
ABODE CARE OF ALLENTOWN LLC
[REDACTED]

RE: ABODE CARE OF ALLENTOWN
2232 29TH STREET SW
ALLENTOWN, PA, 18103
LICENSE/COC#: 23039

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ABODE CARE OF ALLENTOWN **License #:** 23039 **License Expiration:** 12/09/2025
Address: 2232 29TH STREET SW, ALLENTOWN, PA 18103
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: ABODE CARE OF ALLENTOWN LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/04/2019 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 89 **Waking Staff:** 67

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/30/2025

Inspection Dates and Department Representative

04/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 86

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 86
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

04/30/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/30/2025

05/29/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/02/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/02/2025

Inspections / Reviews *(continued)*

06/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:27 A.M. the refrigerator in the Memory Care Lane contained two undated dishes of baked beans and one undated dish of pudding.

Plan of Correction

Accept [redacted] - 05/29/2025)

On 4/30/2025 while inspector was on site the Maintenance Director removed baked beans and pudding from refrigerator and disposed of the items immediately. As of 05/02/2025 training was provided to all staff in all departments on regulation 103e. This information will now also now be added to the orientation training checklist to ensure all new employees are made aware upon hire of this regulation. Additionally, on 05/02/2025 The Executive Director determined that due to work flows of the Dining Director and Activities Director the policy and procedure needed to be revised. Moving forward the revised policy requires the program coordinator and the maintenance director will be responsible to complete daily checks of the refrigerator and will maintain a daily checklist that they must turn into the Executive Director. The Executive Director, Program Coordinator and Maintenance Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [redacted] - 06/05/2025)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:20 A.M., a large buildup of lint and two socks were found behind the electric dryer in the Memory Care Lane section of the home.

Plan of Correction

Accept [redacted] - 05/29/2025)

On 4/30/2025 while inspector was on site the Maintenance Director immediately removed the large buildup of lint and two socks from back of dryer. As of 05/02/2025 training was provided for direct care staff and house keepers. On 05/02/25 The Regional Director provided a coaching and training to the Executive Director, Maintenance Director and other department managers on 2600.125a. Additionally, on 05/02/25 a sign was posted on above each dryer with instructions to remove lint and all debris or flammable/combustible items during each cycle. The Maintenance Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [redacted] - 06/05/2025)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 Smoking Area Guidelines (*continued*)

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:40 A.M., an extinguished cigarette butt was found lying on the floor of resident room [REDACTED]. The home allows smoking in a designated area outside of the home.

Plan of Correction

Accept [REDACTED] - 05/29/2025)

On 4/30/2025 while inspector was on site the Executive Director picked up the extinguished cigarette and properly disposed of it. On 04/30/25 the Executive met with the resident to investigate and discuss why a cigarette but was located in [REDACTED] apartment and not disposed of at the designated smoking area receptacle. The resident stated [REDACTED] was not smoking in [REDACTED] apartment. [REDACTED] explained that that [REDACTED] uses plastic cigarette filters and [REDACTED] recycles them, which is why [REDACTED] brought back the extinguished cigarette butt to [REDACTED] room so that [REDACTED] could take the the filter off to save it. The Executive Director counselled [REDACTED] that [REDACTED] is not to bring used cigarette butts back into the building after using and reviewed the current smoking policy with [REDACTED]. On 05/02/25 The Executive Director also also met with all staff on to review the smoking policy and regulation 144c1. Additionally, it was added to the residents care plan, that [REDACTED] room should be checked daily for any debris on [REDACTED] floor or surroundings to ensure [REDACTED] room is clean, tidy and safe. On 05/22/25 the Executive Director reviewed the house rules that included the smoking policy with all the residents at the resident council meeting. The Director of Wellness or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented ([REDACTED] - 06/05/2025)